

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/11/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715		(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2014	
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 111 W CHURCH AVE SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy survey for the addition of 10 Title 18 SNF (Skilled Nursing Facility) beds for the 2014 Forest Path building in rooms 601, 602, 603, 604, 605, 606, 607, 608, 609 and 610 and a decrease of 3 Title 18/19 beds in the original building's memory care unit in rooms 402, 404, and 406 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/08/14</p> <p>Facility Number: 000347 Provider Number: 155715 AIM Number: 100275440</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, the Forest Path building of the Lutheran Community Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p> <p>This 2014 Forest Path building located across the street and to the northeast of the original building was determined to be a one and a half story building of Type V (111) construction and was fully</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>Continued From page 1</p> <p>sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 161 and had a census of 103 at the time of this survey.</p> <p>The facility is using a categorical waiver for a residential kitchen open to the corridor, which meets the requirements of the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), section 19.3.2.5.3.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/10/14.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p>	K 000			